



INVITATION TO BID NO: 11-X-2220030

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING

INVITATION TO BID

REQ. AGENCY : 062000
ALABAMA MEDICAID AGENCY
AGENCY REQ. NO. :
T-NUMBER : TA361
DATE ISSUED : 07/27/10
VENDOR NO. :
VENDOR PHONE NO. :
SNAP REQ. NO. : 1443569
BUYER NAME : BERNIE ARANT

FOR: JANITORIAL SERVICES - MEDICAID

BUYER PHONE NO. : (334) 242-4201-
PURCHASING PHONE NO: (334) 242-7250

BID MUST BE RECEIVED BEFORE:
DATE: 08/30/10 TIME: 5:00 PM

BIDS WILL BE PUBLICLY OPENED:
DATE: 08/31/10 TIME: 10:00 AM

TO BE COMPLETED BY VENDOR

INFORMATION IN THIS SECTION SHOULD BE PROVIDED, AS APPROPRIATE. BID RESPONSE
MUST BE IN INK OR TYPED WITH ORIGINAL SIGNATURE AND NOTARIZATION.

1. DELIVERY: CAN BE MADE _____ DAYS OR _____ WEEKS AFTER RECEIPT OF ORDER
2. TERMS: _____(DISCOUNTS ARE TAKEN WITHOUT REGARD TO DATE OF PAYMENT.)
3. PRICE VALID FOR ACCEPTANCE WITHIN _____ DAYS.
4. VENDOR QUOTATION REFERENCE NUMBER, IF ANY: _____
(THIS NUMBER WILL APPEAR ON THE PURCHASE ORDER.)
5. E-MAIL ADDRESS: _____
INTERNET WEBSITE: _____
6. GENERAL CONTRACTOR'S LICENSE NO: _____
TYPE OF G.C. LICENSE: _____

***** IMPORTANT NOTE: *****

BIDDERS MUST COMPLY WITH ALL "BID RESPONSE INSTRUCTIONS" ON PAGE 2, TO INCLUDE
ITEM 7 - COPY REQUIREMENT.

RETURN INVITATION TO BID:

US MAIL

COURIER

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING
P O BOX 302620
MONTGOMERY, AL 36130-2620

STATE OF ALABAMA
DIVISION OF PURCHASING
RSA UNION BUILDING
100 N. UNION ST., SUITE 192
MONTGOMERY, AL 36104

SIGNATURE AND NOTARIZATION REQUIRED

I HAVE READ THE ENTIRE BID AND AGREE TO FURNISH EACH ITEM OFFERED AT THE PRICE QUOTED.
I HERBY AFFIRM I HAVE NOT BEEN IN ANY AGREEMENT OR COLLUSION AMONG BIDDERS IN
RESTRAINT OF FREEDOM OF COMPETITION BY AGREEMENT TO BID AT A FIXED PRICE OR TO
REFRAIN FROM BIDDING.

SWORN TO AND

FEIN OR SSN

AUTHORIZED SIGNATURE (INK)

SUBSCRIBED BEFORE ME THIS

COMPANY NAME

TYPE/PRINT AUTHORIZED NAME

_____ DAY OF _____

MAIL ADDRESS

TITLE

NOTARY PUBLIC

CITY, STATE, ZIP

TOLL FREE NUMBER

TERM EXP: _____

PHONE INCLUDING AREA CODE

FAX NUMBER

STANDARD TERMS & CONDITIONS

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AUTHORITY:

THE DEPARTMENT OF FINANCE CODE OF ADMINISTRATIVE PROCEDURE, CHAPTER 355-4-1 EFFECTIVE DECEMBER 20, 2001 IS INCORPORATED BY REFERENCE AND MADE A PART OF THIS DOCUMENT. TO RECEIVE A COPY CALL (334)242-7250, OR OUR WEBSITE WWW.PURCHASING.ALABAMA.GOV .

INFORMATION AND ASSISTANCE TO MINORITY AND WOMEN-OWNED BUSINESSES IN ACQUIRING M/WBE CERTIFICATION MAY BE OBTAINED FROM THE OFFICE OF MINORITY BUSINESS ENTERPRISE, 1-800-447-4191.

BID (ITB) RESPONSE INSTRUCTIONS

REV: 01/14/10

1. TO SUBMIT A RESPONSIVE BID, READ THESE INSTRUCTIONS, ALL TERMS, CONDITIONS AND SPECIFICATIONS.
2. BID ENVELOPES/PACKAGES/BOXES MUST BE IDENTIFIED ON FRONT, PREFERABLY LOWER LEFT CORNER AND BE VISIBLE WITH THE BID NUMBER AND OPENING DATE. EACH INDIVIDUAL BID (IDENTIFIED BY A UNIQUE BID NUMBER) MUST BE SUBMITTED IN A SEPARATE ENVELOPE. RESPONSES TO MULTIPLE BID NUMBERS SUBMITTED IN THE SAME ENVELOPE/COURIER PACKAGE, THAT ARE NOT IN SEPARATE ENVELOPES PROPERLY IDENTIFIED, WILL BE REJECTED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR LATE BIDS FOR ANY REASON INCLUDING THOSE DUE TO POSTAL, OR COURIER SERVICE. BID RESPONSES MUST BE IN THE DIVISION OF PURCHASING OFFICE PRIOR TO THE "RECEIVE DATE AND TIME" INDICATED ON THE BID.
3. BID RESPONSES (PAGE 1, PRICE SHEET AND ADDENDUMS (WHEN SIGNATURE IS REQUIRED)) MUST BE IN INK OR TYPED ON THIS DOCUMENT. OR EXACT FORMAT WITH SIGNATURES BEING HANDWRITTEN ORIGINALS IN INK (PERSON SIGNING BID, NOTARY, AND NOTARY EXPIRATION), OR THE BID WILL BE REJECTED. UNLESS INDICATED IN THE BID, ALL PRICE PAGES MUST BE COMPLETED AND RETURNED. IF AN ITEM IS NOT BEING BID, IDENTIFY IT AS NB (NO-BID). PAGES SHOULD BE SECURED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR MISSING PAGES. FAXED BID RESPONSES WILL NOT BE ACCEPTED.
4. THE UNIT PRICE ALWAYS GOVERNS REGARDLESS OF THE EXTENDED AMOUNT. A UNIT PRICE CHANGE ON A LINE MUST BE INITIALED BY THE PERSON SIGNING THE BID, OR THAT LINE WILL BE REJECTED. THIS INCLUDES A CROSS-OUT, STRIKE-OVER, INK-OVER, WHITE-OUT, ERASURE, OR ANY OTHER METHOD CHANGING THE PRICE.
5. A "NO BID" MUST BE RETURNED TO REMAIN ON A CLASS/SUBCLASS. RETURN PAGE 1 OR NOTIFICATION PAGE MARKED "NO-BID". IDENTIFY IT ON THE ENVELOPE AS A "NO-BID". FAILING TO RESPOND TO 3 ITB'S WITHIN THE SAME CLASS/SUBCLASS WILL AUTOMATICALLY PURGE THE VENDOR FROM THAT CLASS/SUBCLASS. RESPONDING WITH 6 "NO-BIDS" WITHIN THE SAME CLASS/SUBCLASS WILL AUTOMATICALLY PURGE THE VENDOR FROM THAT CLASS/SUBCLASS. A "NO-BID" RECEIVED LATE IS CONSIDERED A NO RESPONSE.
6. THE DIVISION OF PURCHASING IS NOT RESPONSIBLE FOR MISINTERPRETATION OF DATA FAXED FROM THIS OFFICE.
7. THE DIVISION OF PURCHASING REQUIRES AN ORIGINAL AND A MINIMUM OF ONE COMPLETE EXACT COPY (TO INCLUDE SIGNATURE AND NOTARY) OF THE INVITATION-TO-BID RESPONSE. THE ORIGINAL AND THE COPY SHOULD BE SUBMITTED TOGETHER AS A BID PACKAGE. FAILURE TO MARK RESPONSES AS "ORIGINAL" AND/OR "COPY" COULD RESULT IN THE ENTIRE BID RESPONSE BEING REJECTED.
8. AN IMPROPERLY SUBMITTED BID, LATE BID, OR BID THAT IS CANCELLED ON OR BEFORE THE OPENING DATE WILL BE HELD FOR 90 DAYS AND THEN DESTROYED. THE BID MUST BE RETRIEVED DURING REGULAR WORK HOURS, MONDAY - FRIDAY, EXCEPT STATE HOLIDAYS. AFTER THE BID IS DESTROYED, THE DIVISION OF PURCHASING ASSUMES NO RESPONSIBILITY FOR THE DOCUMENT.

DISQUALIFIED/CANCELLED BID

BIDS THAT ARE IMPROPERLY SUBMITTED OR RECEIVED LATE WILL BE A RESPONSE FOR RECORD, BUT WILL NOT BE RETURNED OR A NOTIFICATION MAILED.

THE FOLLOWING IS A PARTIAL LIST WHEREBY A BID RESPONSE WILL BE DISQUALIFIED:

BID NUMBER NOT ON FACE OF ENVELOPE/COURIER PACKAGE/BOX
RESPONSES TO MULTIPLE BID NUMBERS IN SAME ENVELOPE NOT PROPERLY IDENTIFIED
BID RECEIVED LATE
BID NOT SIGNED/NOT ORIGINAL SIGNATURE
BID NOT NOTARIZED/NOT ORIGINAL SIGNATURE OF NOTARY AND/OR NO NOTARY EXPIRATION
NOTARIZED OWN SIGNATURE
REQUIRED INFORMATION NOT SUBMITTED WITH BID
FAILURE TO SUBMIT THE ORIGINAL BID AND A COMPLETE EXACT COPY

CERTIFICATION PURSUANT TO ACT NO. 2006-557

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR, CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE, AND/OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. BY SUBMITTING THIS BID, THE BIDDER IS HEARBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557, THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.

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INTENT TO AWARD

EFFECTIVE MAY 1, 2008, THE STATE OF ALABAMA - DIVISION OF PURCHASING WILL ISSUE AN 'INTENT TO AWARD' BEFORE A FINAL AWARD IS MADE. THE 'INTENT TO AWARD' WILL CONTINUE FOR A PERIOD OF FIVE (5) CALENDAR DAYS, AFTER WHICH A PURCHASE ORDER WILL BE PRODUCED. UPON FINAL AWARD, ALL RIGHTS TO PROTEST ARE FORFEITED. A DETAILED EXPLANATION OF THIS PROCESS MAY BE REVIEWED IN THE ALABAMA ADMINISTRATIVE CODE - CHAPTER 355-4-1(14).

ALTERNATE BID RESPONSE

UNLESS STATED ELSEWHERE IN THIS INVITATION-TO-BID (ITB) THE STATE OF ALABAMA WILL ACCEPT AND EVALUATE ALTERNATE BID SUBMITTALS ON ANY ITB'S. ALTERNATE BID RESPONSES WILL BE EVALUATED ACCORDING TO THE REQUIREMENTS AS ALL OTHER RESPONSES TO THIS ITB.

INTERNET WEBSITE LINK'S

INTERNET AND/OR WEBSITE LINKS WILL NOT BE ACCEPTED IN BID RESPONSES AS A MEANS TO SUPPLY ANY REQUIREMENTS STATED IN THIS ITB (INVITATION-TO-BID).

PRODUCT DELIVERY, RECEIVING AND ACCEPTANCE

IN ACCORDANCE WITH THE UNIVERSAL COMMERCE CODE (CODE OF ALABAMA, TITLE 7), AFTER DELIVERY, THE STATE OF ALABAMA HAS THE RIGHT TO INSPECT ALL PRODUCTS BEFORE ACCEPTING. THE STATE WILL INSPECT PRODUCTS IN A REASONABLE TIMEFRAME. SIGNATURE ON A DELIVERY DOCUMENT DOES NOT CONSTITUTE ACCEPTANCE BY THE STATE. THE STATE WILL ACCEPT PRODUCTS ONLY AFTER SATISFACTORY INSPECTION.

SALES TAX EXEMPTION

PURSUANT TO THE CODE OF ALABAMA, 1975, TITLE 40-23-4 (A) (11), THE STATE OF ALABAMA IS EXEMPT FROM PAYING SALES TAX. AN EXEMPTION LETTER WILL BE FURNISHED UPON REQUEST.

INVOICES

INQUIRIES CONCERNING PAYMENT AFTER INVOICES HAVE BEEN SUBMITTED ARE TO BE DIRECTED TO THE RECEIVING AGENCY, NOT THE DIVISION OF PURCHASING

BID RESPONSES AND BID RESULTS

UNEVALUATED BID RESPONSES (NOT BID RESULTS) ARE AVAILABLE ON OUR WEB SITE AT WWW.PURCHASING.ALABAMA.GOV. BID RESULTS WILL BE MADE AVAILABLE FOR REVIEW IN THE DIVISION OF PURCHASING OFFICE, BUT ONLY AFTER THE BID HAS BEEN AWARDED. WE DO NOT FAX OR MAIL COPIES OF BID RESULTS. IF A VENDOR WISHES TO REVIEW BID RESULTS IN OUR OFFICE, THEY SHOULD FAX THEIR REQUEST TO REVIEW THE BID TWO DAYS IN ADVANCE TO THE "BID REVIEW CLERK" AT (334) 242-4419. BE SURE TO REFERENCE THE BID NUMBER.

FOREIGN CORPORATION - CERTIFICATE OF AUTHORITY

ALABAMA LAW PROVIDES THAT A FOREIGN CORPORATION (AN OUT-OF-STATE COMPANY/FIRM) MAY NOT TRANSACT BUSINESS IN THE STATE OF ALABAMA UNTIL IT OBTAINS A CERTIFICATE OF AUTHORITY FROM THE SECRETARY OF STATE. SECTION 10-2B-15.01, CODE OF ALABAMA 1975. TO OBTAIN FORMS FOR A CERTIFICATE OF AUTHORITY, CONTACT THE SECRETARY OF STATE, CORPORATIONS DIVISION, (334) 242-5324. THE CERTIFICATE OF AUTHORITY DOES NOT KEEP THE VENDOR FROM SUBMITTING A BID.

BID IDENTIFICATION

REFERENCE PAGE 2, ITEM 2. DUE TO THE POSTAL SERVICE PUTTING BAR CODE LABELS ON ENVELOPES, IT CONCEALS THE BID NUMBER AND DATE IF THE VENDOR HAS WRITTEN THEM OTHER THAN THE LOWER LEFT CORNER, THEREFORE THE BID WOULD BE REJECTED FOR NOT BEING PROPERLY IDENTIFIED.

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AWARD:

THE AWARD SHALL BE MADE TO THE LOWEST RESPONSIBLE BIDDER MEETING ALL SPECIFICATIONS.

LIABILITY INSURANCE:

VENDOR MUST HAVE A MINIMUM OF \$100,000.00 LIABILITY COVERAGE WITH \$50,000.00 FOR EACH OCCURANCE AND MUST BE IN EFFECT FOR THE CONTRACT PERIOD. INSURANCE CERTIFICATE, OR LETTER OF INTENT TO PROVIDE THE AMOUNT OF COVERAGE FROM THE INSURANCE COMPANY MUST BE SUBMITTED WITH THE BID, OR THE BID WILL BE REJECTED. VENDOR IS RESPONSIBLE FOR ALL LOSSES/DAMAGES CAUSED BY ITS EMPLOYEES. INSURANCE CERTIFICATE, WHEN ISSUED, MUST SHOW THE STATE OF ALABAMA AS THE CERTIFICATE HOLDER.

CONTRACT PERIOD:

ESTABLISH A 12 MONTH CONTRACT WITH AN OPTION TO EXTEND FOR A SECOND, THIRD, FOURTH, AND FIFTH 12 MONTH PERIOD WITH THE SAME PRICING, TERMS AND CONDITIONS. THE SECOND, THIRD, FOURTH, OR FIFTH 12 MONTH PERIOD, IF AGREED BY BOTH PARTIES, WOULD BEGIN THE DAY AFTER THE FIRST, SECOND, THIRD, OR FOURTH 12 MONTH PERIOD EXPIRES. ANY SUCCESSIVE EXTENSION MUST HAVE WRITTEN APPROVAL OF BOTH THE STATE AND VENDOR NO LATER THAN 30 DAYS PRIOR TO EXPIRATION OF THE PREVIOUS 12 MONTH PERIOD.

MINIMUM WAGE:

IN THE EVENT THE FEDERAL GOVERNMENT INCREASES THE MINIMUM WAGE DURING A CONTRACT PERIOD, THE VENDOR SHALL INCREASE THE WAGES TO MATCH THE NEW RATE AS SOON AS POSSIBLE AFTER THE EFFECTIVE DATE.

NOTE: VENDOR MUST INCLUDE IN THE MONTHLY RATE THE COST OF SUPPLIES FOR THE DURATION OF THE CONTRACT. THE ONLY INCREASE IN THE MONTHLY RATE WILL BE ANY INCREASE IN THE MINIMUM WAGE TIMES NUMBER OF EMPLOYEES AND TOTAL HOURS WORKED PER LOCATION.

NON-APPROPRIATION OF FUNDS:

CONTINUATION OF ANY AGREEMENT BETWEEN THE STATE AND A BIDDER BEYOND A FISCAL YEAR IS CONTINGENT UPON CONTINUED LEGISLATIVE APPROPRIATION OF FUNDS FOR THE PURPOSE OF THIS BID AND ANY RESULTING AGREEMENT. NON-AVAILABILITY OF FUNDS AT ANY TIME SHALL CAUSE ANY AGREEMENT TO BECOME VOID AND UNENFORCEABLE AND NO LIQUIDATED DAMAGES SHALL ACCRUE TO THE STATE AS A RESULT. THE STATE WILL NOT INCUR LIABILITY BEYOND THE PAYMENT OF ACCRUED AGREEMENT PAYMENT.

PRORATION:

ANY PROVISION OF A CONTRACT RESULTING FROM THIS BID TO THE CONTRARY NOTWITHSTANDING, IN THE EVENT OF FAILURE OF THE STATE TO MAKE PAYMENT HEREUNDER AS A RESULT OF PARTIAL UNAVAILABILITY, AT THE TIME SUCH PAYMENT IS DUE, OF SUCH SUFFICIENT REVENUES OF THE STATE TO MAKE SUCH PAYMENT (PRORATION OF APPROPRIATED FUNDS FOR THE STATE HAVING BEEN DECLARED BY THE GOVERNOR PURSUANT TO SECTION 41-4-90 OF THE CODE OF ALABAMA 1975), THE CONTRACTOR SHALL HAVE THE OPTION, IN ADDITION TO THE OTHER REMEDIES OF THE CONTRACT, OF RENEGOTIATING THE CONTRACT (EXTENDING OR CHANGING PAYMENT TERMS OR AMOUNTS) OR TERMINATING THE CONTRACT.

PRICING - UNREALISTICALLY LOW

PRICES SHALL BE ACCURATE AND COMPLETE TO COVER THE PERFORMANCE OF ALL REQUIRED WORK. AN UNREALISTICALLY LOW PRICE MAY ELIMINATE A VENDOR FROM COMPETITION ON THE BASIS OF MISUNDERSTANDING THE REQUIREMENTS OR VENDOR HAS SUBMITTED AN IMPROVIDENT BID. PRICE DATA OF REQUIRED WORK IS NOT REQUIRED WITH THE BID. UPON NOTIFICATION, THIS INFORMATION IS TO BE PROVIDED WITHIN 5 DAYS, OR VENDOR WILL NOT BE CONSIDERED ON THE LOCATION WITH UNREALISTIC PRICES.

VENDOR REFERENCES:

VENDOR SHOULD PROVIDE A MINIMUM OF THREE REFERENCES WITH THEIR BID. INCLUDE COMPANY, ADDRESS, TELEPHONE, CONTACT PERSON AND PERIOD SERVICE WAS PERFORMED. WITHOUT REFERENCES, A THOROUGH EVALUATION CANNOT BE

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CONDUCTED AND COULD DELAY AWARD OF THE BID.

VENDOR MUST LIST REFERENCES THAT ARE EQUAL IN SQUARE FOOTAGE AND SCOPE OF WORK REQUIRED. FAILURE TO INCLUDE REFERENCES OF LIKE SIZE AND SCOPE OF WORK REQUIRED WILL BE CAUSE FOR YOUR BID TO BE REJECTED.

NOTE TO VENDORS:

VENDORS ARE CAUTIONED TO READ EVERY PAGE OF THIS I.T.B. TO CLEARLY UNDERSTAND WHAT IS REQUIRED TO CLEAN EACH BUILDING. THE STATE WILL ACCEPT NOTHING LESS THAN WHAT IS CALLED FOR IN THE SPECIFICATIONS. EXAMPLE: IF THE CLEANING SCHEDULE STATES THAT THE CARPET IS TO BE VACUUMED NIGHTLY, THAT IS EXACTLY WHAT IS REQUIRED TO MEET THE SPECIFICATION. WEEKLY OR MONTHLY VACUUMING IS NOT ACCEPTABLE!

VENDORS ARE CAUTIONED TO BID ONLY ON FACILITIES THAT THEY CAN AND WILL SERVICE IN ACCORDANCE WITH THE SPECIFICATIONS LISTED IN THIS I.T.B. FOR THE PERIOD DESIGNATED. RANDOM BIDDING RESULTING IN SUBSEQUENT CONTRACT CANCELLATIONS MAY BE GROUNDS FOR THE VENDOR'S REMOVAL FROM THE STATE'S QUALIFIED BIDDER'S LIST.

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***** SPECIFICATIONS 910V02 FOR JANITORIAL SERVICE *****

SECTION I: SCOPE

CONTRACTOR SHALL FURNISH ALL LABOR, MATERIAL, EQUIPMENT AND SUPERVISION, TO MAINTAIN THE FACILITIES IN A CLEAN AND SANITARY CONDITION AND IN ACCORDANCE WITH THE FOLLOWING SPECIFICATIONS. ALL NIGHTLY SERVICES ARE TO BE PERFORMED FIVE NIGHTS EACH WEEK, AFTER 5:00 P.M. MONDAY THROUGH FRIDAY, UNLESS OTHERWISE SHOWN ON THE BID. SERVICES WILL NOT BE PERFORMED ON OFFICIAL STATE OF ALABAMA HOLIDAYS, UNLESS REQUIRED BY THE DEPT. NO CLEANING OPERATION WILL BE AFTER 12:00 MID-NIGHT WITHOUT WRITTEN PERMISSION BY THE DEPARTMENT.

SECTION IA: KEY CONTROL

1. THE CONTRACTOR SHALL ADEQUATELY SECURE THE KEYS, KEY CARDS, OTHER ENTRY DEVICES AND CODES PROVIDED BY THE STATE.
2. ANY SUCH ITEM WHICH BECOMES LOST, MISSING OR STOLEN SHALL BE IMMEDIATELY REPORTED TO THE DEPARTMENT SUPERVISOR BY THE CONTRACTOR. SHOULD THE CONTRACTOR LOSE OR HAVE STOLEN ANY KEYS ISSUED TO THE CONTRACTOR BY THE STATE, THE COST OF CHANGING LOCKS OR KEYS TO BUILDINGS, ROOMS OR AREAS ACCESSIBLE BY THE LOST OR STOLEN KEYS WILL BE DEDUCTED FROM THE CONTRACTOR'S INVOICE TO THE STATE FOR THE WORK PERFORMED UNDER THIS CONTRACT. THIS WILL ALSO PERTAIN TO CANCELLATION OF A SERVICE WHEN THE KEYS ARE NOT TURNED IN WITHIN 24 HOURS.

SECTION II: EXAMINATION OF BUILDINGS:

CONTRACTOR IS TO CONDUCT A THOROUGH AND COMPLETE EXAMINATION OF THE FACILITIES PRIOR TO SUBMITTING A BID. FAILURE OF CONTRACTOR TO COMPLETELY FAMILIARIZE HIMSELF WITH THE BUILDING CONDITIONS AND REQUIREMENTS PRIOR TO SUBMITTING THE BID, WILL NOT RELIEVE THE BIDDER OF THE RESPONSIBILITY IN MEETING THE SPECIFICATIONS. EACH LOCATION YOU DESIRE TO BID, MUST BE SIGNED AND DATED BY THE MANAGER, SUPERVISOR OR PERSON IN CHARGE TO VERIFY YOUR ON-SITE INSPECTION. BY HAVING YOUR BID SIGNED AND DATED BY THE MANAGER, SUPERVISOR OR PERSON IN CHARGE WILL INDICATE THAT THE CONTRACTOR FULLY UNDERSTANDS THE CONDITIONS OF THE BUILDINGS AND THE CLEANING THAT IS REQUIRED TO DO A SATISFACTORY JOB. LOCATIONS WHERE ADDITIONS ARE BEING MADE TO THE BUILDING, BIDS SHOULD SHOW QUOTE FOR CURRENT OFFICE & QUOTE INCLUDING ADDITION.

SECTION III: TECHNICAL ASSISTANCE:

CONTRACTORS ARE TO HAVE AN ADEQUATE SERVICE ORGANIZATION WITH LOCAL REPRESENTATIVES AND CLEANING PERSONNEL. THE SERVICE REPRESENTATIVES MUST BE EMPLOYED BY THE CONTRACTOR OR DESIGNATED BY HIM AS THEIR AUTHORIZED REPRESENTATIVES ON A FULLTIME BASIS AND NOT AS A SUB-CONTRACTOR. THERE WILL NOT BE ANY SUB-CONTRACTING AT ANY TIME, UNLESS WRITTEN APPROVAL IS GIVEN BY THE DEPARTMENT.

SECTION IV: SUPERVISORY PERSONNEL AND SUPPLIES:

CONTRACTOR MUST FURNISH COMPETENT AND SKILLED PERSONS TO ASSURE QUALITY AND PERFORMANCE WITHIN THE TERMS AND CONDITIONS OF THE CONTRACT. THERE WILL NOT BE ANY CHILDREN UNDER THE AGE OF EIGHTEEN OR PETS ALLOWED ON PREMISES DURING CLEANING OPERATIONS. A SUPERVISOR WILL BE REQUIRED AT EACH BUILDING THAT HAS FOUR (4) OR MORE EMPLOYEES CLEANING THE FACILITY. THE SUPERVISOR'S NAME, ADDRESS, SOCIAL SECURITY NUMBER AND PHONE NUMBER WILL BE GIVEN TO THE DEPARTMENT SUPERVISOR AT EACH LOCATION. THE SUPERVISOR MAY BE A WORKING SUPERVISOR BUT MUST MAKE SUFFICIENT INSPECTIONS AND FOLLOW-UP PROGRAM TO INSURE THE SERVICES ARE PERFORMED AS SPECIFIED. CONTRACTOR MUST POST THE REGULATIONS GOVERNING HIS EMPLOYEES WHILE IN THE BUILDING, AND ALSO POST A COPY OF THE CLEANING SCHEDULE IN EACH SUPPLY CLOSET.

CONTRACTOR SHALL SUBMIT PRIOR TO COMMENCEMENT OF CONTRACT A LIST OF ALL MATERIALS AND EQUIPMENT TO BE USED IN PROVIDING THE CLEANING

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SERVICE. DEPT. MAY APPROVE OR DISAPPROVE ANY PRODUCTS OR EQUIPMENT.
 NON-SLIP FLOOR WAX WILL BE THE ONLY APPROVED WAX FOR ALL TILE FLOORS.

SECTION V: QUALIFICATIONS OF CONTRACTOR
 IN EVALUATING EACH CONTRACTOR, CONSIDERATION WILL BE GIVEN TO THE
 FOLLOWING CRITERIA: DEFICIENCY IN ANY OF THE BELOW LISTED AREAS MAY
 BE ADEQUATE REASON FOR BID REJECTION:

1. EACH BIDDER SUBMITTING A BID ON THE SERVICES REQUIRED BY THIS CONTRACT IS REQUIRED TO SUBMIT WITH THEIR BID, OR BID MAY NOT BE CONSIDERED, EVIDENCE OF THEIR EXPERIENCE, QUALIFICATIONS, FINANCIAL RESPONSIBILITY AND ABILITY TO CARRY OUT THE TERMS OF THE CONTRACT. SATISFACTORY EXPERIENCE OF AT LEAST ONE (1) YEAR WITH BUILDINGS OF COMPARABLE SIZE AND FUNCTION, I.E. LARGE OFFICE BUILDINGS. SUBMISSION OF THIS INFORMATION WITH YOUR BID WILL ENABLE THE STATE TO EXPEDITE THE AWARD OF THIS CONTRACT.
2. FAILURE TO SUBMIT LIABILITY INSURANCE CERTIFICATE AND REFERENCES WITH BID.
3. FAILURE TO SUBMIT WORKER'S COMPENSATION CERTIFICATE WHEN EMPLOYING FIVE (5) OR MORE EMPLOYEES.
4. DUE TO FISCAL YEAR ENDING ON SEPTEMBER 30TH AND NEW FISCAL YEAR BEGINNING OCTOBER 1ST, PAYMENTS FOR SERVICES MAY TAKE UP TO 30-45 DAYS BEFORE CONTRACTOR RECEIVES PAYMENT FOR OCTOBER. CONTRACTOR SHOULD HAVE SUFFICIENT FINANCIAL RESOURCES TO COVER THIS TIME FRAME.

SECTION VI: ITEMS FURNISHED BY THE STATE OR CONTRACTOR:

- A. LIGHT TUBES/BULBS WILL BE FURNISHED BY THE STATE AND BE REPLACED BY THE CONTRACTED VENDOR ON AN AS NEEDED BASIS.
- B. AIR CONDITIONING AND HEATING FILTERS WILL BE FURNISHED BY STATE AND CHANGED BY THE CONTRACTED VENDOR ON A BI-MONTHLY BASIS.
- C. PAPER TOWELS, TOILET TISSUE, HAND SOAP, TRASH CAN LINERS AND LINERS FOR SANITARY NAPKIN HOLDERS WILL BE FURNISHED BY THE STATE. CONTRACTOR TO REPLACE IN DISPENSORS AND TRASH CANS. ALL DISPENSORS FURNISHED AND INSTALLED BY THE STATE.
- D. INVOICE TO BE RENDERED IN TRIPPLICATE AT THE END OF EACH MONTH IN ARREARS BY VENDOR. CONTACT DEPARTMENT FOR PAYMENT OF SERVICES.
- E. IF CONTRACTOR IS REQUIRED TO WORK ON ANY OFFICIAL STATE OF ALABAMA HOLIDAY, HE WILL BE PAID AT A DAILY RATE FOR THE DAY/DAYS WORKED. THE DAILY RATE BEING THE MONTHLY RATE DIVIDED BY 22. THE NUMBER 22 IS THE AVERAGE NUMBER OF WORK DAYS IN A MONTH. IF THE CONTRACTOR IS REQUIRED TO WORK ON SATURDAY, OR SUNDAY, HE WILL BE PAID THE DAILY RATE. THE CONTRACTOR IS NOT TO WORK ANY OF THESE DAYS WITHOUT WRITTEN PERMISSION BY THE DEPARTMENT.

SECTION VII: CLEANING SCHEDULE TO BE PERFORMED BY CONTRACTOR:

ITEMS APPLY ONLY WHERE APPLICABLE TO THE SPECIFIED LOCATION.
 CONTRACTOR IS TO CHECK WITH MANAGER AS TO WHAT NEEDS TO BE DONE IF DIFFERENT THAN WHAT IS LISTED BELOW. ANY CHANGES MADE BY MUTUAL AGREEMENT OF MANAGER AND CONTRACTOR MUST BE CONFIRMED IN WRITING BY THE AGENCY MANAGER TO THE CONTRACTOR AND COPIED TO THE BUYER AS AN AMENDMENT TO THE CONTRACT. ANY REQUIREMENTS IN THE COMMODITY SECTION SUPERSEDES THESE SPECIFICATIONS LISTED BELOW.

***** D = DAILY / N = NIGHTLY *****

A. OFFICES AND CONFERENCE ROOM(S)

1. EMPTY WASTEBASKETS. REPLACE ALL OBVIOUSLY SOILED OR TORN LINERS IN WASTEBASKETS. WASTEPAPER AND TRASH WILL BE PUT INTO TRASH CAN/DUMPSTER IN THE MAIN DISPOSAL AREA. (N)
2. VACUUM ALL CARPETS. (D)
3. DUST MOP TILE FLOORS, TAKING CARE TO GET UNDER FURNITURE AND INTO CORNERS. (N)
4. DAMP MOP TILE FLOORS TO REMOVE ALL FOREIGN MATTER AND/OR SPILLAGE. (N)

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5. CLEAN, DISINFECT WITH GERMICIDAL DETERGENT SOLUTION AND POLISH DRINKING FOUNTAINS. (N)
6. EMPLOYEES BREAKROOM, TILE FLOORS ARE TO BE DAMP MOPPED, COUNTER/ TABLE TOP AND SINKS ARE TO BE KEPT CLEAN. (N)
7. FRONT & BACK ENTRANCES & SIDEWALKS TO BE KEPT CLEAN. (N)
8. REMOVE ALL DEBRIS FROM PARKING LOTS AND AROUND SHRUBBERY. (D)
9. IF JANITORIAL PERSONNEL UTILIZE THE HEATING OR AIR CONDITIONING SYSTEM, THEY ARE TO BE PLACED AT PROPER SETTING BEFORE LEAVING. (N)
10. SUPPLY CLOSETS TO BE KEPT CLEAN & NEAT AT ALL TIMES. (D)

B. RESTROOMS: MUST BE CLEANED EVERY DAY - ABSOLUTELY REQUIRED (N)

1. EMPTY ALL CONTAINERS AND DISPOSALS. (N)
2. CLEAN MIRRORS. (N)
3. CLEAN AND DISINFECT WITH A GERMICIDAL DETERGENT SOLUTION ALL WASH BASINS, COMMODOES, TOILET SEATS, URINALS AND ADJACENT SURFACES. (N)
4. REMOVE SPLASH MARKS FROM WALLS AROUND WASH BASINS & URINALS. (D)
5. WET MOP RESTROOM FLOOR USING A GERMICIDAL DETERGENT SOLUTION. (N)
6. EMPTY CANS SANITIZE INTERIOR OF SANITARY NAPKIN CONTAINER. (N)
7. EMPTY AND DAMP CLEAN ASH TRAYS. (N)

C. LOBBY ENTRANCEWAYS AND CORRIDORS:

1. DUST MOP FLOORS. DAMP MOP FLOORS. (N)
2. VACUUM ENTRANCE MATS AND REPLACE IN ENTRANCEWAY AFTER FLOOR HAS DRIED. (N)
3. DUST & CLEAN TO REMOVE FINGERPRINTS FROM ALL GLASS. (N)

D. PASSENGER ELEVATORS - IF APPLICABLE

CLEAN ALL INTERIOR SURFACES OF THE CAR AND POLISH ALL BRIGHT METAL SURFACES. RESILIENT FLOORS WILL BE CLEANED, DAMP MOPPED NIGHTLY AND SPRAY BUFFED WEEKLY. RUGS WILL BE VACUUMED NIGHTLY.

E. PATIO - IF APPLICABLE

1. SWEEP FLOOR THOROUGHLY. (N)
 2. EMPTY ASH TRAYS AND WET WIPE. (N)
 3. EMPTY URNS AND TRASH CANS. (N)
 4. CLEAN TABLES, CHAIRS AND/OR PATIO FURNITURE. (N)
 5. DUST AND CLEAN ENTRANCE DOOR. (N)
- *****
 ***** W=TWICE WEEKLY *****

A. OFFICES:

1. THOROUGHLY DUST ALL HORIZONTAL SURFACES, INCLUDING ALL AVAILABLE DESK TOPS, TABLES, FILE CABINETS, WINDOW SILLS, CHAIRS, LEDGES, ETC. (W)
2. REMOVE FINGERPRINTS FROM GLASS TOPPED DESK, DOORS, ETC. (W)
3. REMOVE HAND PRINTS FROM AROUND LIGHT SWITCHES AND DOOR FRAME. (W)
4. DUST AND WIPE ALL TELEPHONES. (W)
5. DUST ALL VERTICAL SURFACES OF DESK, FILE CABINETS & CHAIRS. (W)
6. REMOVE DUST FROM ALL HARD TO REACH AREAS SUCH AS TOPS OF HIGH CABINETS, PICTURE FRAMES, BASEBOARDS, LIGHT FIXTURES AND ANY OTHER AREAS NOT SERVICED DAILY. (W)
7. WET MOP AND SPOT WAX FLOOR WHERE AREAS SHOW EXCESSIVE WEAR. (W)
8. WASH OUT TRASH RECEPTACLES USING A DISINFECTANT. (W)
9. CLEAN AND POLISH BRIGHT METAL TO HAND HEIGHT. (W)
10. CLEAN ALL GLASS IN PARTITIONS AND DOORS (BOTH SIDES). (W)
11. SWEEP THE FLOOR IN THE STAIR WELLS. (W)

B. RESTROOMS:

1. CLEAN TOILETS AND URINALS WITH AN ACID-TYPE BOWL CLEANER AND BOWL

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INVITATION TO BID

- MOP. (W)
- 2. CLEAN TOWEL CABINET COVERS. (W)
- 3. REMOVE FINGERPRINTS FROM STALL DOORS. (W)
- 4. CLEAN ENTRANCE DOOR. (W)
- 5. SPOT CLEAN METAL PARTITIONS AND POLISH BRIGHT WORK. (W)
- 6. DUST METAL PARTITIONS. (W)
- 7. DUST OR VACUUM ALL FURNITURE INCLUDING CHAIRS, ETC. (W)
- 8. WASH AND SANITIZE METAL PARTITIONS. (W)
- 9. WASH TRASH RECEPTACLES USING A DISINFECTANT. (W)
- 10. CLEAN EXTERIOR OF PLUMBING UNDER SINKS. (W)
- 11. WASH AND SANITIZE EXTERIOR OF ALL CONTAINERS IN THE RESTROOMS. (W)

C. LOBBY ENTRANCEWAYS AND CORRIDORS:

- 1. DUST LEDGES AND MOLDINGS. (W)
- 2. SPRAY BUFF HEAVY TRAFFIC AREAS. (W)
- 3. REMOVE EXCESSIVE BLACK MARKS OR SCUFFING FROM TILE FLOORS. (W)
- 4. CLEAN AND POLISH METAL WORK ON ENTRANCE DOORS. (W)
- 5. DUST AND CLEAN BUILDING REGISTER. (W)
- 6. KICK PLATES, PUSH PLATES AND PUSH BARS SHALL BE CLEANED AND POLISHED. ALL FOREIGN RESIDUE REMOVED ON OR AROUND DOOR AND COMPONENTS. (W)

D. STAIRWAYS - IF APPLICABLE

SWEEP OR VACUUM STAIR LANDINGS AND STEPS. DUST RAILINGS, LEDGES, GRILLES, FIRE APPARATUS, DOOR AND RADIATORS. (W)

E. PATIO - IF APPLICABLE

- 1. DUST LEDGES AND MOLDINGS. (W)
 - 2. CLEAN ALL GLASS (BOTH SIDES). (W)
 - 3. SCRUB AND RINSE FLOOR THOROUGHLY. (W)
- *****
 ***** M=MONTHLY *****

A. OFFICES AND CONFERENCE ROOM(S):

- 1. REMOVE NOTICEABLE ACCUMULATIONS OF DUST ON CHAIR BOTTOMS, BASE OF COAT RACKS, BOTTOM OF TYPEWRITER STANDS, DOORS, ETC. (M)
- 2. CLEAN AND SANITIZE TELEPHONES. (M)
- 3. CLEAN ALL WINDOW SILLS. (M)
- 4. VACUUM ALL FABRIC FURNITURE. (M)
- 5. SPRAY BUFF ALL UNCARPETED FLOORS, EXCEPT THE STAIRWELLS. (M)
- 6. DUST AND/OR VACUUM VENTS IN CEILINGS/WALLS. (M)

B. RESTROOMS:

- 1. DUST AND/OR VACUUM VENTS IN CEILING/WALLS. (M)

SECTION VIII: SEMI-ANNUALLY OR QUARTERLY -UNLESS OTHERWISE SPECIFIED IN BID.

SEMI-ANNUALLY SERVICE TO BE PERFORMED BETWEEN THE MONTHS OF OCTOBER AND MARCH, SECOND SERVICE BETWEEN THE MONTHS OF APRIL AND AUGUST.

- 1. THOROUGHLY STRIP, RINSE AND APPLY TWO COATS OF FINISH TO ALL FLOORS SEMI-ANNUALLY. HALLWAYS, LOBBIES, BREAKROOM AND HEAVY TRAFFIC AREAS TO BE DONE QUARTERLY. ALL WAX SURFACES MUST BE MAINTAINED SO AS TO PROVIDE ANTI-SLIP WALKING CONDITIONS.
- 2. SHAMPOO OR STEAM CLEAN ALL CARPETS. METHOD USED IS TO DEPEND UPON THE TYPE OF CARPET. HALLWAY AND HEAVY TRAFFIC AREAS TO BE DONE QUARTERLY.
- 3. DUST ALL CORRIDOR WALLS UP TO THE CEILING WITH UNTREATED MOP OR VACUUM. DUST OR CLEAN CEILING VENTS. (QUARTERLY)
- 4. LIGHT FIXTURES TO BE CLEANED THOROUGHLY. (SEMI-ANNUALLY)

SPECIFICATIONS

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INVITATION TO BID

5. CLEAN ALL WINDOWS (SEMI-ANNUALLY)
VENDOR IS RESPONSIBLE FOR THE INSIDE AND OUTSIDE OF THE FIRST AND SECOND FLOORS ONLY. INSIDE ONLY ON THE THIRD FLOOR.
6. VACUUM DRAPES. (SEMI-ANNUALLY)
7. DUST ALL BLINDS OR WASH IF NECESSARY. (SEMI-ANNUALLY)
8. CLEAN ALL BASEBOARDS THOROUGHLY. (SEMI-ANNUALLY)
9. CLEAN ALL PANELLING WITH OIL SOAP. (SEMI-ANNUALLY)

SECTION IX: ADDITIONAL SERVICES:

UPON COMPLETION OF WORK EACH NIGHT, LIGHTS ARE TO BE TURNED OFF (EXCEPT THOSE DESIGNATED TO BE LEFT ON BY THE SUPERVISOR), DOORS LOCKED, PREMISES SECURED AND LEFT IN A NEAT AND ORDERLY CONDITION.

NOTE: ALL CLEANING PROCEDURES ARE TO BE COORDINATED WITH MANAGER OF EACH OFFICE PRIOR TO SUBMITTING YOUR BID.

ALL CLEANING SUPPLIES USED BY THE CONTRACTOR SHALL BE COMMERCIAL STRENGTH AND MEET ALL SAFETY REQUIREMENTS. CONTRACTOR SHOULD NOT USE SUPPLIES SUCH AS AMMONIA, ETC. SAFETY DATA SHEETS PERTAINING TO CLEANING SUPPLIES SHALL BE GIVEN TO MANAGER OF EACH OFFICE,

TELEPHONE SERVICE:

EACH CONTRACTOR SHALL PROVIDE A TELEPHONE NUMBER, TELEPHONE ANSWERING MACHINE AND/OR FAX # (NO CELL PHONES) TO ENABLE THE STATE TO GET IN TOUCH WITH THE CONTRACTOR AT ANY TIME CONCERNING JANITORIAL SERVICES. CHANGES IN PHONE NUMBERS SHOULD BE GIVEN TO THE DIVISION OF PURCHASING IN WRITING AS SOON AS POSSIBLE. CALLS MUST BE RESPONDED TO AS SOON AS POSSIBLE - NO LATER THAN 24 HOURS AFTER CALL (THIS IS FOR WORK DAYS ONLY). PROBLEMS MUST BE HANDLED DURING THE WORK HOURS - NOT AFTER WORK HOURS OR WEEKENDS. CALLS WILL BE CONFIRMED IN WRITING. FAILURE TO RESPOND WILL BE CONFIRMED IN WRITING.

SECTION X: DEFAULT BY VENDOR:

IN CASE OF A DEFAULT ON A CONTRACT AND/OR ORDER BY A VENDOR, THE STATE MAY PROCURE THE GOODS OR SERVICES FROM OTHER SOURCES AND HOLD THE VENDOR RESPONSIBLE FOR ANY EXCESS COST IN PRICE AND/OR HANDLING.

SECTION XI: INSPECTION OF SERVICES

EACH CONTRACTOR IS EXPECTED TO ENSURE PERFORMANCE TO STANDARD THROUGH HIS OR HER QUALITY CONTROL SYSTEM. INCOMPLETE PERFORMANCE DISCLOSED BY STATE OR DEPARTMENT INSPECTIONS, AT THE SOLE ELECTION OF THE STATE AND UPON NOTIFICATION TO THE CONTRACTOR, THE CONTRACTOR WILL BE REQUIRED TO CORRECT OR PERFORM LATE ANY OR ALL DEFICIENCIES. THE CONTRACTOR SHALL EXPLAIN, IN WRITING WITHIN FIVE (5) DAYS, WHY PERFORMANCE WAS UNACCEPTABLE, HOW PERFORMANCE WILL BE RETURNED TO ACCEPTABLE LEVELS, AND HOW RECURRENCE OF THE PROBLEM WILL BE PREVENTED IN THE FUTURE. THE STATE MAY RE-INSPECT ANY OR ALL LOCATIONS FOR POOR PERFORMANCE, AND THE CONTRACTOR MAY BE HELD LIABLE FOR THE COST ASSOCIATED WITH RE-INSPECTION.

QUARTERLY INSPECTION WITH VENDOR AND DEPARTMENT OFFICIAL REQUIRED WITH A COPY OF INSPECTION SENT TO PURCHASING.

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UNLESS SPECIFIED OTHERWISE BELOW:

SHIP TO: R1 /

STATEWIDE

00001	COMMODITY CODE: 910-39-073620 JANITORIAL SERVICE, IN ACCORDANCE WITH SPECIFICATIONS 910V02, 5 DAYS PER WEEK.	1	MONTH		
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APPROXIMATELY 6,500 SQ.FT.

VENDOR TO CHANGE LIGHT BULBS AS NEEDED
AND A/C FILTERS MOUNTED FLOOR LEVEL
EVERY THREE (3) MONTHS.

IF A CLEANING DAY FALLS ON A STATE
HOLIDAY, SERVICE MUST BE PROVIDED THE
DAY PRIOR OR THE NEXT STATE WORK DAY
AFTER THE HOLIDAY.

BEING UNAWARE OF SPECIFICATIONS 910V02
WILL BE NO EXCUSE FOR NON-COMPLIANCE
WITH THE REQUIREMENTS.

NOTE:

CONTRACTOR AND ITS EMPLOYEES SHALL TREAT
ALL INFORMATION OBTAINED THROUGH ITS
PERFORMANCE UNDER THIS CONTRACT AS
CONFIDENTIAL AND SHALL NOT USE ANY
INFORMATION SO OBTAINED IN ANY MANNER
EXCEPT AS NECESSARY FOR THE PROPER
DISCHARGE OF ITS OBLIGATIONS UNDER THE
CONTRACT . CONTRACTOR SHALL NOT RELEASE
OR ALLOW TO BE RELEASED ANY INFORMATION
OBTAINED UNDER THIS CONTRACT WITHOUT THE
PRIOR WRITTEN CONSENT OF THE
REQUISITIONING AGENCY. VIOLATION OF
THIS REQUIREMENT MAY SUBJECT CONTRACTOR
TO PROSECUTION AND PENALTY UNDER FEDERAL
AND STATE LAW.

BIDDER MUST FILL IN THE FOLLOWING
INFORMATION OR BID WILL NOT BE
CONSIDERED.

_____ NO. EMPLOYEES X _____ HOURS =

_____ TOTAL NO. DAILY HOURS.

20% OF ANNUAL CONTRACT AMOUNT TO BE
RESERVED FOR QTR/SEMI ANNUAL SERVICES
TO BE PAID AS FOLLOWS:

5% QUARTERLY (OCT. OR NOV.)
5% SEMI-ANNUAL (JAN. OR FEB.)
5% QUARTERLY (APR. OR MAY)
5% SEMI-ANNUAL (JULY OR AUG.)

PAGE TOTAL

PRICE SHEET

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INVITATION TO BID

LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
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LOCATION DIRECTOR MUST BE NOTIFIED IN
WRITING, IN ADVANCE, WHEN SERVICE WILL
BE DONE.

CONTACT: GLADYS TEW 334-702-3103.

SEPARATE INVOICE MUST BE SUBMITTED AND
APPROVED FOR PAYMENT TO BE MADE.

BIDDER MUST HAVE THE BID SIGNED IN
ACCORDANCE WITH SEC II OF SPECIFICATION
910V02 OR THE BID WILL NOT BE CONSIDERED

FILL IN BIDDER'S NAME BELOW:

_____ HAS INSPECTED THIS
LOCATION AND IS AWARE OF THE CONDITION
OF THE BUILDING AND UNDERSTANDS WHAT IS
REQUIRED TO DO A SATISFACTORY JOB.

DATE

MANAGER, SUPERVISOR

SHIP TO: 062000 / 062M08
ALABAMA MEDICAID AGENCY
AL MED AGCY ELIGIBILITY DIS. OFFICE
2652 FORTNER ST SUITE 4
AT BEAVER FLATS
DOTHAN AL 36305

00002	COMMODITY CODE: 910-39-073620 JANITORIAL SERVICE, IN ACCORDANCE WITH SPECIFICATIONS 910V02, 5 DAYS PER WEEK.	1	MONTH	_____	_____
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APPROXIMATELY 5,900 SQ.FT.

IF A REGULAR SCHEDULED CLEANING DAY
FALLS ON A STATE HOLIDAY, SERVICE MUST
BE PROVIDED THE DAY BEFORE THE HOLIDAY
OR THE FIRST STATE WORK DAY FOLLOWING
THE HOLIDAY.

BEING UNAWARE OF SPECIFICATIONS 910V02
WILL BE NO EXCUSE FOR NON-COMPLIANCE
WITH THE REQUIREMENTS.

NOTE:

CONTRACTOR AND ITS EMPLOYEES SHALL TREAT
ALL INFORMATION OBTAINED THROUGH ITS
PERFORMANCE UNDER THIS CONTRACT AS
CONFIDENTIAL AND SHALL NOT USE ANY
INFORMATION SO OBTAINED IN ANY MANNER
EXCEPT AS NECESSARY FOR THE PROPER
DISCHARGE OF ITS OBLIGATIONS UNDER THE
CONTRACT. CONTRACTOR SHALL NOT RELEASE
OR ALLOW TO BE RELEASED ANY INFORMATION
OBTAINED UNDER THIS CONTRACT WITHOUT THE
PRIOR WRITTEN CONSENT OF THE
REQUISITIONING AGENCY. VIOLATION OF THIS

PAGE TOTAL _____

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REQUIREMENT MAY SUBJECT CONTRACTOR TO
PROSECUTION AND PENALTY UNDER FEDERAL
AND STATE LAW.

BIDDER MUST FILL IN THE FOLLOWING
INFORMATION OR BID WILL NOT BE
CONSIDERED.

_____ NO. EMPLOYEES X _____ HOURS =

_____ TOTAL NO. DAILY HOURS.

20% OF ANNUAL CONTRACT AMOUNT TO BE
RESERVED FOR QTR/SEMI ANNUAL SERVICES
TO BE PAID AS FOLLOWS:

5% QUARTERLY (OCT. OR NOV.)
5% SEMI-ANNUAL (JAN. OR FEB.)
5% QUARTERLY (APR. OR MAY)
5% SEMI-ANNUAL (JULY OR AUG.)

LOCATION DIRECTOR MUST BE NOTIFIED IN
WRITING, IN ADVANCE, WHEN SERVICE WILL
BE DONE.

CONTACT: RICKY COCKRUM 205-391-6768.

SEPARATE INVOICE MUST BE SUBMITTED AND
APPROVED FOR PAYMENT TO BE MADE.

BIDDER MUST HAVE THE BID SIGNED IN
ACCORDANCE WITH SEC II OF SPECIFICATION
910V02 OR THE BID WILL NOT BE CONSIDERED

FILL IN BIDDER'S NAME BELOW:

_____ HAS INSPECTED THIS
LOCATION AND IS AWARE OF THE CONDITION
OF THE BUILDING AND UNDERSTANDS WHAT IS
REQUIRED TO DO A SATISFACTORY JOB.

DATE

MANAGER, SUPERVISOR

SHIP TO: 062000 / 062M12
ALABAMA MEDICAID AGENCY
ELIGIBILITY DIST OFF
907 22ND AVENUE
COTTON STATES BUILDING
TUSCALOOSA AL 35401

00003	COMMODITY CODE: 910-39-073620	1	MONTH	_____
	JANITORIAL SERVICE, IN ACCORDANCE WITH			
	SPECIFICATIONS 910V02, 5 DAYS A WEEK.			

APPROXIMATELY 7,488 SQ.FT.

IF A REGULAR CLEANING DAY FALLS ON A

PAGE TOTAL _____

PRICE SHEET

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INVITATION TO BID

LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY UNIT	UNIT PRICE	EXTENDED AMOUNT
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STATE HOLIDAY THE SERVICE MUST BE
PROVIDED EITHER THE DAY PRIOR OF THE
FIRST STATE WORK DAY AFTER THE HOLIDAY.

BEING UNAWARE OF SPECIFICATIONS 910V02
WILL BE NO EXCUSE FOR NON-COMPLIANCE
WITH THE REQUIREMENTS.

NOTES:

CONTRACTOR AND ITS EMPLOYEES SHALL TREAT
ALL INFORMATION OBTAINED THROUGH ITS
PERFORMANCE UNDER THIS CONTRACT AS
CONFIDENTIAL AND SHALL NOT USE ANY
INFORMATION SO OBTAINED IN ANY MANNER
EXCEPT AS NECESSARY FOR THE PROPER
DISCHARGE OF ITS OBLIGATIONS UNDER THE
CONTRACT. CONTRACTOR SHALL NOT RELEASE
OR ALLOW TO BE RELEASED ANY INFORMATION
OBTAINED UNDER THIS CONTRACT WITHOUT THE
PRIOR WRITTEN CONSENT OF THE
REQUISITIONING AGENCY. VIOLATIONS OF
THIS REQUIREMENT MAY SUBJECT CONTRACTOR
TO PROSECUTION AND PENALTY UNDER FEDERAL
AND STATE LAW.

BIDDER MUST FILL IN THE FOLLOWING
INFORMATION OR BID WILL NOT BE
CONSIDERED.

_____ NO. EMPLOYEE X _____ HOURS =

_____ TOTAL NO. DAILY HOURS.

20% OF ANNUAL CONTRACT AMOUNT TO BE
RESERVED FOR QTR/SEMI ANNUAL SERVICES
TO BE PAID AS FOLLOWS:

5% QUARTERLY (OCT. OR NOV.)
5% SEMI-ANNUAL (JAN. OR FEB.)
5% QUARTERLY (APR. OR MAY)
5% SEMI-ANNUAL (JULY OR AUG.)

LOCATION DIRECTOR MUST BE NOTIFIED IN
WRITING, IN ADVANCE, WHEN SERVICE WILL
BE DONE.

CONTACT: DAVID TANKERSLEY, 205-414-9403.

SEPARATE INVOICE MUST BE SUBMITTED AND
APPROVED FOR PAYMENT TO BE MADE.

BIDDER MUST HAVE THE BID SIGNED IN
ACCORDANCE WITH SEC II OF SPECIFICATION
910V02 OR THE BID WILL NOT BE CONSIDERED

FILL IN BIDDER'S NAME BELOW:

_____ HAS INSPECTED THIS
LOCATION AND IS AWARE OF THE CONDITION
OF THE BUILDING AND UNDERSTANDS WHAT IS
REQUIRED TO DO A SATISFACTORY JOB.

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LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
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DATE

MANAGER, SUPERVISOR

SHIP TO: 062000 / 062M06
ALABAMA MEDICAID AGENCY
MED AGCY ELIGIBILITY DIS.OFFICE
PALISADES SHOPPING CENTER
468 PALISADES BLVD
BIRMINGHAM AL 35209

00004 COMMODITY CODE: 910-39-073620

1 MONTH

JANITORIAL SERVICE, IN ACCORDANCE WITH
SPECIFICATIONS 910V02, 5 DAYS PER WEEK.

APPROXIMATELY 5,000 SQ.FT.

IF A CLEANING DAY FALLS ON A STATE
HOLIDAY, SERVICE MUST BE PROVIDED THE
DAY PRIOR OR THE NEXT STATE WORK DAY
AFTER THE HOLIDAY.

BEING UNAWARE OF SPECIFICATIONS 910V02
WILL BE NO EXCUSE OF NON-COMPLAINE WITH
THE REQUIREMENTS.

NOTES:

CONTRACTOR AND ITS EMPLOYEES SHALL TREAT
ALL INFORMATION OBTAINED THROUGH ITS
PERFORMANCE UNDER THIS CONTRACT AS
CONFIDENTIAL AND SHALL NOT USE ANY
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EXCEPT AS NECESSARY FOR THE PROPER
DISCHARGE OF ITS OBLIGATIONS UNDER THE
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OR ALLOW TO BE RELEASED ANY INFORMATION
OBTAINED UNDER THIS CONTRACT WITHOUT THE
PRIOR WRITTEN CONSENT OF THE
REQUISITIONING AGENCY. VIOLATION OF THIS
REQUIREMENT MAY SUBJECT CONTRACTOR TO
PROSECUTION AND PENALTY UNDER FEDERAL
AND STATE LAW.

BIDDER MUST FILL IN THE FOLLOWING
INFORMATION OR BID WILL NOT BE
CONSIDERED.

____ NO. EMPLOYEES X ____ HOURS =

____ TOTAL NO. DAILY HOURS.

20% OF ANNUAL CONTRACT AMOUNT TO BE
RESERVED FOR QTR/SEMI ANNUAL SERVICES
TO BE PAID AS FOLLOWS:

5% QUARTERLY (OCT. OR NOV.)
5% SEMI-ANNUAL (JAN. OR FEB.)
5% QUARTERLY (APR. OR MAY)
5% SEMI-ANNUAL (JULY OR AUG.)

PAGE TOTAL

PRICE SHEET

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INVITATION TO BID

LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
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LOCATION DIRECTOR MUST BE NOTIFIED IN
WRITING, IN ADVANCE, WHEN SERVICE WILL
BE DONE.

CONTACT: BETTY CHAPMAN, 334-502-5451.

SEPARATE INVOICE MUST BE SUBMITTED AND
APPROVED FOR PAYMENT TO BE MADE.

BIDDER MUST HAVE THE BID SIGNED IN
ACCORDANCE WITH SEC II OF SPECIFICATION
910V02 OR THE BID WILL NOT BE CONSIDERED

FILL IN BIDDER'S NAME BELOW:

_____ HAS INSPECTED THIS
LOCATION AND IS AWARE OF THE CONDITION
OF THE BUILDING AND UNDERSTANDS WHAT IS
REQUIRED TO DO A SATISFACTORY JOB.

DATE

MANAGER, SUPERVISOR

SHIP TO: 062000 / 062M14
ALABAMA MEDICAID AGENCY
ELIG. DISTRICT OFFICE
1716 CATHERINE COURT
SUITES 1A-4A
AUBURN AL 36830

00005	COMMODITY CODE: 910-39-073620 JANITORIAL SERVICE, IN ACCORDANCE WITH SPECIFICATIONS 910V02, 5 DAYS PER WEEK.	1	MONTH	_____	_____
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APPROXIMATELY 5,000 SQ.FT.

IF A CLEANING DAYS FALLS ON A STATE
HOLIDAY, SERVICE MUST BE PROVIDED THE
DAY PRIOR OR THE NEXT STATE WORK DAY
AFTER THE HOLIDAY.

BEING UNAWARE OF SPECIFICATIONS 910V02
WILL BE NO EXCUSE FOR NON-COMPLIANCE
WITH THE REQUIREMENTS.

NOTES:

CONTRACTOR AND ITS EMPLOYEES SHALL TREAT
ALL INFORMATION OBTAINED THROUGH ITS
PERFORMANCE UNDER THIS CONTRACT AS
CONFIDENTIAL AND SHALL NOT USE ANY
INFORMATION SO OBTAINED IN ANY MANNER
EXCEPT AS NECESSARY FOR THE PROPER
DISCHARGE OF ITS OBLIGATIONS UNDER THE
CONTRACT. CONTRACTOR SHALL NOT RELEASE
OR ALLOW TO BE RELEASED ANY INFORMATION
OBTAINED UNDER THIS CONTRACT WITHOUT THE
PRIOR WRITTEN CNSENT OF THE
REQUISITIONING AGENCY. VIOLATION OF

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LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY UNIT	UNIT PRICE	EXTENDED AMOUNT
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THIS REQUIREMENT MAY SUBJECT CONTRACTOR
TO PROSECUTION AND PENALTY UNDER FEDERAL
AND STATE LAW.

BIDDER MUST FILL IN THE FOLLOWING
INFORMATION OR BID WILL NOT BE
CONSIDERED.

_____ NO. EMPLOYEES X _____ HOURS =

_____ TOTAL NO. DAILY HOURS.

20% OF ANNUAL CONTRACT AMOUNT TO BE
RESERVED FOR QTR/SEMI ANNUAL SERVICES
TO BE PAID AS FOLLOWS:

5% QUARTERLY (OCT. OR NOV.)
5% SEMI-ANNUAL (JAN. OR FEB.)
5% QUARTERLY (APR. OR MAY)
5% SEMI-ANNUAL (JULY OR AUG.)

LOCATION DIRECTOR MUST BE NOTIFIED IN
WRITING, IN ADVANCE, WHEN SERVICE WILL
BE DONE.

CONTACT, JOHN KING, 334-418-6601.

SEPARATE INVOICE MUST BE SUBMITTED AND
APPROVED FOR PAYMENT TO BE MADE.

BIDDER MUST HAVE THE BID SIGNED IN
ACCORDANCE WITH SEC II OF SPECIFICATION
910V02 OR THE BID WILL NOT BE CONSIDERED

FILL IN BIDDER'S NAME BELOW:

_____ HAS INSPECTED THIS
LOCATION AND IS AWARE OF THE CONDITION
OF THE BUILDING AND UNDERSTANDS WHAT IS
REQUIRED TO DO A SATISFACTORY JOB.

DATE

MANAGER, SUPERVISOR

SHIP TO: 062000 / 062M15
ALABAMA MEDICAID AGENCY
ELIG. DISTRICT OFFICE
106 EXECUTIVE PARK LANE
SELMA AL 36701

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